

| CLAIMS ONLY                                     |          |         |                       | Application Number<br>09-98796 |                        | Filing Date<br>12-22-04 |  |
|---|----------|---------|-----------------------|--------------------------------|------------------------|-------------------------|--|
|   |          |         |                       | Applicant(s)                   |                        |                         |  |
| May be used for additional claims or amendments |          |         |                       |                                |                        |                         |  |
| CLAIMS  | AS FILED |         | AFTER FIRST AMENDMENT |                                | AFTER SECOND AMENDMENT |                         |  |
|   | Indep.   | Depend. | Indep.                | Depend.                        | Indep.                 | Depend.                 |  |
| 1   |          |         |                       |                                |                        |                         |  |
| 2   |          |         |                       |                                |                        |                         |  |
| 3   |          |         |                       |                                |                        |                         |  |
| 4   |          |         |                       |                                |                        |                         |  |
| 5   |          |         |                       |                                |                        |                         |  |
| 6   |          |         |                       |                                |                        |                         |  |
| 7   |          |         |                       |                                |                        |                         |  |
| 8   |          |         |                       |                                |                        |                         |  |
| 9   |          |         |                       |                                |                        |                         |  |
| 10  |          |         |                       |                                |                        |                         |  |
| 11  |          |         |                       |                                |                        |                         |  |
| 12  |          |         |                       |                                |                        |                         |  |
| 13  |          |         |                       |                                |                        |                         |  |
| 14  |          |         |                       |                                |                        |                         |  |
| 15  |          |         |                       |                                |                        |                         |  |
| 16  |          |         |                       |                                |                        |                         |  |
| 17  |          |         |                       |                                |                        |                         |  |
| 18  |          |         |                       |                                |                        |                         |  |
| 19  |          |         |                       |                                |                        |                         |  |
| 20  |          |         |                       |                                |                        |                         |  |
| 21  |          |         |                       |                                |                        |                         |  |
| 22  |          |         |                       |                                |                        |                         |  |
| 23  |          |         |                       |                                |                        |                         |  |
| 24  |          |         |                       |                                |                        |                         |  |
| 25  |          |         |                       |                                |                        |                         |  |
| 26  |          |         |                       |                                |                        |                         |  |
| 27  |          |         |                       |                                |                        |                         |  |
| 28  |          |         |                       |                                |                        |                         |  |
| 29  |          |         |                       |                                |                        |                         |  |
| 30  |          |         |                       |                                |                        |                         |  |
| 31  |          |         |                       |                                |                        |                         |  |
| 32  |          |         |                       |                                |                        |                         |  |
| 33  |          |         |                       |                                |                        |                         |  |
| 34  |          |         |                       |                                |                        |                         |  |
| 35  |          |         |                       |                                |                        |                         |  |
| 36  |          |         |                       |                                |                        |                         |  |
| 37  |          |         |                       |                                |                        |                         |  |
| 38  |          |         |                       |                                |                        |                         |  |
| 39  |          |         |                       |                                |                        |                         |  |
| 40  |          |         |                       |                                |                        |                         |  |
| 41  |          |         |                       |                                |                        |                         |  |
| 42  |          |         |                       |                                |                        |                         |  |
| 43  |          |         |                       |                                |                        |                         |  |
| 44  |          |         |                       |                                |                        |                         |  |
| 45  |          |         |                       |                                |                        |                         |  |
| 46  |          |         |                       |                                |                        |                         |  |
| 47  |          |         |                       |                                |                        |                         |  |
| 48  |          |         |                       |                                |                        |                         |  |
| 49  |          |         |                       |                                |                        |                         |  |
| 50  |          |         |                       |                                |                        |                         |  |
| Total Indep.                                    | 4        |         |                       |                                |                        |                         |  |
| Total Depend.                                   | 13       |         |                       |                                |                        |                         |  |
| Total Claims                                    | 17       |         |                       |                                |                        |                         |  |